



ADDENDUM #2

On February 25, 2016, the New Hampshire Department of Health and Human Services published a Request for Proposals soliciting sealed bid proposals for the provision of physician clinical and administrative services from academic medical centers, non-academic medical centers, physician associations, group practices, or any other qualified entity having the capacity to deliver sufficient numbers of qualified physicians, faculty, research, and professional technical staff necessary to meet the State's needs without service disruption to its patients and consumers. Vendors who are not an academic medical center must be affiliated with an academic medical center.

This Addendum #2 is issued to:

1. Delete subsection 3.1.3.9. of the RFP and replace it with:

3.1.3.9 Psychiatrists

The Contractor shall provide eleven (11) General Psychiatrists for the adult units at NHH:

- a. All psychiatrists shall have appropriate experience in the specialty they are boarded or board eligible in;
- b. All psychiatrists shall have completed an ACGME approved residency program in psychiatry;
- c. At least one psychiatrist shall be dedicated full-time to provide services to the Inpatient Stabilization Unit (ISU); and
- d. At least one psychiatrist shall be certified in addiction treatment. This psychiatrist shall be a physician who is certified in general psychiatry and has significant clinical experience in addiction medicine. A fellowship training and/or board certification in Addiction Medicine or Addiction Psychiatry is highly desirable.

2. Delete subsection 3.5.2.1. of the RFP and replace it with:

3.5.2.1 The Contractor shall provide Evidence-Based Practices Training and Consultation services, as described in Appendix I, for the purpose of sustaining and continuously improving the quality of three (3) EBP that are implemented to varying degrees across the New Hampshire Community Mental Health Centers (CMHC) system. Those EBP are: Illness Management and Recovery (IMR), Evidence-Based Supported Employment (EBSE), and Assertive Community Treatment Teams (ACT). Additional EBP may take the place of these based on the availability of federal funding to support the implementation of additional EBPs in New Hampshire.

3. Delete subsection 3.12. Q1 of the RFP and replace it with:

- Q1. Personnel Plan:** The vendor must provide a Personnel Plan that is comprised of the following components; a Microsoft Excel or Word version, as applicable, shall be provided to Bidders upon receipt of the Letter of Intent described in subsection 6.3.:
- a. **Completed Required Staffing List:** Complete the tool provided in Appendix D, Required Staffing List for this purpose. For each staffing requirement listed, include requested information in the applicable fields. For each staff



requirement that the Bidder does not already have an individual available to be assigned to the position, identify the position as “TBD” (to be determined), and provide the applicable recruitment information.

- b. **Curricula Vitae and Letters of Intent:** Use Appendix E to provide the Curricula Vitae and Letters of Intent for all staff, currently employed or under contract with the Bidder, that the Bidder intends to place into a required staffing position referenced in subsection 3.8 Staffing. Bidders must follow the order of positions listed in Appendix E. Letters of Intent must indicate the applicable staff member’s willingness to accept assignment to the applicable staff requirement and DHHS location. For staff requirements that the Bidder does not already have an employee available for assignment, provide a job description that also includes minimum and desired qualifications.
- c. **Personnel Work Plan and Timetable:** Provide the Personnel Work Plan and Timetable as Appendix F. Following the sequence of subsection 3.8., Staffing, describe how the vendor proposes to dedicate the resource to the timely provision of contractual services. Include identifying any potential delay or barrier the vendor anticipates will need to be addressed for the applicable services to commence, including any state dependencies, what the vendor intends to do to overcome such delays or barriers, and how contractual service requirements will be delivered in the interim. A timetable for meeting these requirements must be included.

4. Delete the Procurement Timetable in subsection 6.2, Procurement Timetable, of the RFP and replace it with:

Procurement Timetable		
(All times are according to Eastern Time. DHHS reserves the right to modify these dates at its sole discretion.)		
Item	Action	Date
1.	Release RFP	02/25/2016
2.	Letter of Intent Submission Deadline	03/10/2016
3.	RFP Technical & Cost Questions Submission Deadline	03/17/2016
4.	RFP Bidders Conference	03/16/2016 1:00-5:00 PM
5.	DHHS Response to Technical & Cost Questions Published	03/22/2016
6.	Technical and Cost Bids Submission Deadline	04/08/2016 by 2:00 PM
7.	Tentative Oral Presentations and Interviews	04/19/2016
8.	Anticipated Selection of Successful Bidder(s)	04/22/2016

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